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THE RHODE ISLAND MEDICAL JOURNAL



Owned and Published by the Rhode Island Medical Society. Issued Monthly

VOLUME II }
NUMBER 3 } Whole No. 117

PROVIDENCE, R. I., MARCH, 1918

PER YEAR \$2.00
SINGLE COPY 25 CENTS

CONTENTS

ORIGINAL ARTICLES

- The Treatment of Poliomyelitis. Frank E. Peckham, M.D. 35
Vaccine Treatment in Fifteen Cases of Typhoid Fever at the
Rhode Island Hospital. Henry A. Cooke, M.D. 38
Current Public Health Legislation. John G. O'Meara, M.D. 41

EDITORIALS

- Current Public Health Legislation 46
A Health Commission 47
For the Men in Service 47
Accidents from Local Anesthetics 48

SOCIETIES

- Providence Medical Association 48
Kent County District Society 48
Woonsocket District Society 49

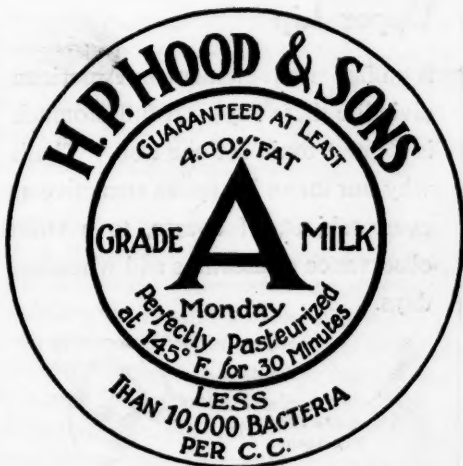
HOSPITALS

- Rhode Island Hospital 49
Providence City Hospital 49
Memorial Hospital 49
St. Joseph's Hospital 49

MISCELLANEOUS

- Letter to the Editor 49
Honor Roll 50

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The Official Organ of the Rhode Island Medical Society
Issued Monthly under the direction of the Publication Committee

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ORIGINAL ARTICLES

THE TREATMENT OF POLIOMYELITIS.*

By FRANK E. PECKHAM, M. D.,
Providence, R. I.

There are two important things to consider in the treatment of poliomyelitis, the infection and the resulting paralysis. The acute onset of the infection has been attacked by various methods, but largely by those recommended by Flexner and his followers. The theory of these men is that there is a marked hyperemia of the cord and meninges and an edematous condition of the cerebro-spinal axis. In this infiltrating fluid, exists the poison, whatever its nature may be. According to Neustadter, the cellular exudate forms a sheath around the vessels and nerves at their exits and this nerve pressure produces the pain along the nerve trunks in the limbs. You are all familiar either from the literature or by actual contact with the cases, with the fact that children with the severest grades of paralysis may recover completely without any especial treatment. The result is that great care must be exercised in claiming that recoveries are due to treatment. An important thing to bear in mind, however, is that such a (spontaneous) recovery is usually very slow.

In tapping the spinal cord and withdrawing spinal fluid, it has been observed many times that there was immediate improvement in all symptoms, including the paralysis, if any existed. To have such immediate relief proves that it was due to mechanical pressure within the membrane, because when the infiltrate returns, the symptoms, including paralysis promptly returns, to be relieved by tapping and again removing the mechanical pressure. Therefore, the earlier stages of paralysis are due to mechanical pressure and not to cellular death. If due to cellular

death, then there could be no spontaneous recoveries.

Another step in logical sequence as enunciated by Meltzer, is that this process which causes infiltration, exudation, and edema, is a reversible one. He has attempted to relieve the pressure by adrenalin, while to combat the poison, serum, both human and animal, has been used and many claims put forth, but so far, statistics, when carefully analyzed, have not been changed. From the Rockefeller literature, another statement should be carefully remembered, and that is that any method of treatment must be harmless in case it does not do any good. This is important because during an epidemic undoubtedly many children are taken down with a fever of more or less severity and the clinical diagnosis of poliomyelitis may be made when, in reality, it does not exist at all. I have personally seen children particularly artificially fed babies, sick with a fever, knee jerks absent, fretful and crying with pain, especially when handled or moved about, where the diagnosis of poliomyelitis was considered as probable. When the food was properly regulated, orange juice and beef juice added to the diet, I have seen such cases promptly recover, thus demonstrating that scurvy or malnutrition was the correct diagnosis and not poliomyelitis at all. In such and similar cases, if treatment for poliomyelitis is instituted, it is self evident that it ought to be harmless.

At this point, it may be well to state my convictions that notwithstanding all the laboratory tests, spinal tapplings, blood and spinal fluid examinations, etc., the diagnosis of infantile paralysis is not possible until the paralysis is really present. In consequence of this, the report of cases cured in the preparalytic stage may not yet be considered a certainty although we may feel strongly regarding the diagnosis. I hope that in time laboratory tests may become absolute. The limit has apparently been reached by a recent investigator who *knows* when a given case is poliomyelitis and has the laboratory

*Read before the Rhode Island Medical Society, December 6, 1917

tests made simply to corroborate his clinical diagnosis.

Regarding treatment in the acute infiltration stage, attention was first called to the use of the static wave current by Dr. Snow, in an article which appeared in the "Journal of Advanced Therapeutics," October, 1912. The static wave current is one of the most valuable agents to dissipate infiltrates and edemas. Here the electrode would be placed over the lumbar and lower dorsal region if the legs were involved or over the upper dorsal and lower cervical region if the arms were involved. Another method to be used in conjunction is to expose the back, abdomen, and paralyzed members to the 500-candle power lamp, preferably with a blue glass screen. After a twenty minutes or half hour's exposure, the blood is drawn away from the interior, to the cutaneous vessels, thus relieving the congestion. The heat relieves the pain and the blue has a still more anesthetic effect so that the pain usually completely disappears. This is temporary but as in any method of treatment, it is the repetition which makes the relief permanent. A static machine is seldom at one's command in a hospital and never in a private house. A high candle power lamp may be used in any house with electricity. There is another method of relieving internal congestion by getting the blood to the surface in large quantities which may be used in any house. Any one who has treated cholera infantum or convulsions in babies by the hot mustard water bath, knows from experience the pink skin and the relief it almost always brings. This treatment may be used also in the acute stages of poliomyelitis when nothing else is possible. These little patients may be suffering severe pain but when carefully lifted into the bath will almost immediately be relieved and arms or legs which may have been apparently paralyzed will be moved freely as the children splash and play in the water. The skin may be gently rubbed until it is red when it may be carefully dried and the patient put back into a warm bed. This may be repeated two or three times daily but not frequently enough to produce any weakening effect. As the pain and tenderness is overcome by any or all of these treatments, gentle massage and manipulation may be employed and very much earlier than when nothing is done but wait.

Regarding the mechanical treatment, it is very important. Early in the trouble, it is comparatively easy to see what muscles or group of muscles are to be affected. These muscles must be prevented from being pulled out and stretched by strong unaffected ones. Bracing and splinting, however, must not be overdone. Removable braces are better, so that they may be omitted at the proper intervals daily, for the treatments. These methods are available until the patient can be brought to the office for more thorough attention. Here the static machine becomes of use, followed by the blue light when vibration may be applied to the weakened muscles. At this time, all pain is usually relievable so that exercises may be begun and much more rapid progress made than by waiting weeks and at times, months, for all pain and tenderness to disappear in the natural way. The sinusoidal current is also recognized as a valuable method of stimulating muscles and restoring tone. Great care must be observed in preventing overuse of the muscles. When recovery permits, a child is very apt to be too active and should be restrained rather than encouraged as this might be just the factor to prevent improvement. Any tendency to deformity, especially in the feet, should be prevented by braces even if they have to be worn for a long time.

In the terrific epidemic of 1916, when many hundreds of cases were treated by spinal tapings, by the injection of adrenalin and by the various serums, very little, if anything, was obtained in the way of results. At the meeting of the Electro-therapeutic Association in New York in 1916, there were present men who had treated hundreds of cases but who said that these methods had availed them nothing. On the other hand, there were present those who had used the methods mentioned in the first part of this paper and who were very much encouraged and even enthusiastic about the results obtained. Statistics are dangerous playthings and can be made to suit most anybody so that any method of treatment must stand or fall on its merits as established by results in an increasing number of cases. However, it would seem that the physio-therapeutic measures were physiological and that the results had been on the positive side, while the other methods, so far, have been on the negative side.

In the American Journal of Electro-therapeutics and Radiology, October, 1916, I reported a few cases treated in this way and since then, other cases have responded equally well. Instead of reporting many cases, I will mention a typical case. A baby, one year and nine months old, was brought for treatment just as soon as liberated from quarantine. The history was that the legs and muscles of the back were affected in the acute stage and at the beginning of treatment, the legs and back were useless. There was considerable tenderness when the baby was moved about. While the mother held the baby in her lap on the insulated table, the static wave current was applied to the spine for twenty minutes. The blue light was then applied to the back and extremities until the skin was pink. This was immediately followed by vibration to the muscles of the legs and simple gymnastic exercises tried each time until finally the baby could begin to make rhythmic movements. The muscle power continually increased until now, (a year later), the baby walks very well. Supports are worn in the shoes, as the feet are still pronated. A removable jacket is still being worn to support the spine but may be discontinued soon. The importance of beginning work immediately can not be overestimated and then things done as fast as indicated. In all of these cases, in addition to the physical measures employed, braces have been used where indicated and always gymnastic exercises. I feel that exercise (the voluntary rhythmic use of muscles) is of the utmost importance.

Many of these cases need careful and painstaking bracing after the immediate recovery to prevent deformity. In the feet in particular, there may be a permanent paralysis of a muscle or group of muscles and unless actually prevented, a so-called paralytic club foot will surely develop. The brace wearing period should extend over a period of from two to four years. The words "should extend" have been used because after that length of time, if *proper* developmental treatment has been carried out, it is probable that there will be no further improvement. At this time, surgical measures are in order to so stabilize the foot, if possible that braces may be discarded.

I now wish to describe again an original operation for stabilizing the foot and ankle.

This operation was first described at the meeting of the American Orthopedic Association, May, 1917. Through a longitudinal incision, nearly the whole length of the thigh, a piece of fascia lata two to two and one-half inches wide is dissected out. In a case of paralytic talipes equino varus where the peronei and common extensor are paralyzed, an incision is made nearly the whole length of the leg. Another incision is then made through the tough fascia which surrounds the tendons. These tendons are then dissected out as low down as possible and the fascia lata placed around them in such a manner as to form a cuff, the dissected surface being placed downward. It is then thoroughly



Right foot originally a marked paralytic club foot. Photograph shows condition 16 months after operation.

sutured to the tendon, very great care being taken not to involve the annular ligament. The surrounding fascia which was split to expose the tendons and muscles is dissected back to the tibia and where it becomes practically periosteum is slightly lifted from the bone the entire length of the incision. The transplanted fascia lata which has been firmly attached to the tendon is now stitched to the edge of the periosteum on the one side, while on the other, it is stitched to the somewhat free edge of tendon and muscle

fascia. While this is done, the foot is held strongly in an overcorrected position which is perfectly retained when the operation is complete. This piece of transplanted fascia lata grows solidly to the tendon and whole length of the muscle and also to the incised fascia and to the tibia where the periosteum has been slightly lifted. This makes a perfectly solid growth several inches long and seems impossible for it ever to give way. The operation is applicable to any deformity of the foot with paralyzed muscles.

The case of a paralytic club foot which I showed in May, reported within two weeks and the photograph shows the foot now about one year and five months after operation. The girl is running about and going to school and is entirely without bracing of any kind for this foot.

Another case cannot be reported yet because the boy is just about to get on his feet after the completion of the operative work. However, you see on the screen a marked talipes equinovarus in one foot and a marked talipes valgus in the other, and then in the next picture, the feet are seen in their new position.

VACCINE TREATMENT IN FIFTEEN CASES OF TYPHOID FEVER AT THE RHODE ISLAND HOSPITAL.

By HENRY A. COOKE, M. D.,
Providence, R. I.

In reporting the following cases of typhoid fever at the Rhode Island Hospital treated by vaccines, I shall not attempt to go into the history of this treatment nor the methods and results of those who have used it, except very briefly. The use of vaccines in typhoid dates back as far as 1893, when it was tried by Fraenkel, but most of the work has been done fairly recently. Several types of vaccines have been used, as for example: (1) ordinary killed bacteria, (2) attenuated living bacteria, and (3) sensitized or tropinized bacteria, either living or dead. There have also been various modifications of these three types, as, for example, a sensitized vaccine from which the endotoxins have been removed.

We used on our cases first a Mulford sensitized vaccine, which had not been tried out.

From this we got no reaction. We then used another Mulford vaccine which had been given with apparent good results on a private case of mine some weeks before (Case 10). This gave no result in two cases and a temporary drop with improvement in another.

In all the other cases we used the regular hospital immunizing vaccine, which is a polyvalent vaccine, containing bacilli of typhoid and also of paratyphoid A. and B., but not sensitized. The first injection was given as early as possible and in no case later than the end of the third week. All the injections were intravenous.

In every case the diagnosis of typhoid was confirmed either by the Widal test or by a blood culture, or both.

The dose of vaccine varied from 50 to 250 millions bacteria, except that case 13, a boy of 6, was given 10 millions and case 7 was given for his third dose 350 millions. This case was a very severe one and developed signs of pneumonia on the twentieth day. The rise in temperature two days previously was probably due to the onset of this pneumonia, as it came too late to be due to the vaccine treatment of the day before.

As vaccine treatment had not previously been used on this service as a routine measure, our work had to be more or less experimental, both as to dosage, number of doses and intervals. In general we carried out the following rules: (1) to give the vaccine only in cases which showed no tendency to prompt defervescence, (2) to give a rather smaller initial dose than has been advocated by others, (3) to give subsequent doses only when it was clearly evident that the preceding dose had had no effect, (4) to give the first dose of vaccine as early as possible and not later than the end of the third week.

It will be seen that we erred, if at all, on the side of over-caution. Our lack of previous experience and the fact that we did not have exactly the vaccine we wanted, i. e., one both sensitized and also deprived of its endotoxins, made it seem wise to be conservative in dosage.

The Mulford vaccines were sensitized only, and our laboratory vaccine merely a polyvalent heat-killed vaccine.

The immediate reactions were generally rather severe—a chill occurring within an hour, a rise of temperature, headache, backache and severe general malaise. Usually within twelve hours

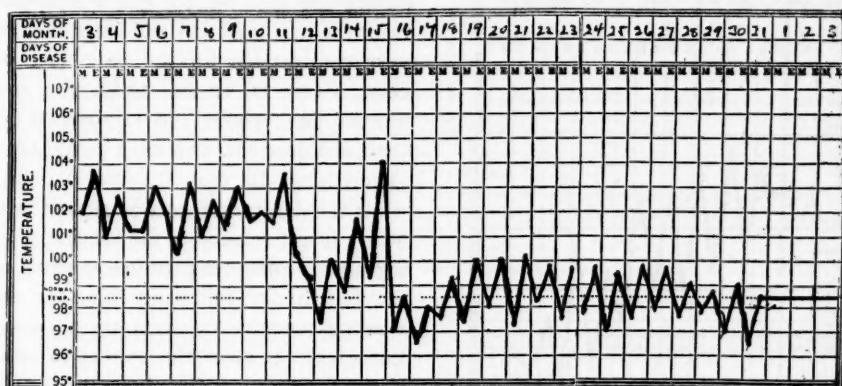
all these symptoms had disappeared and the patient felt much better than before the injection. In the few cases where this drop was permanent the patient felt practically well thereafter.

In one case, No. 10, after the second injection, although there was slight fever for two weeks, the symptoms were very mild.

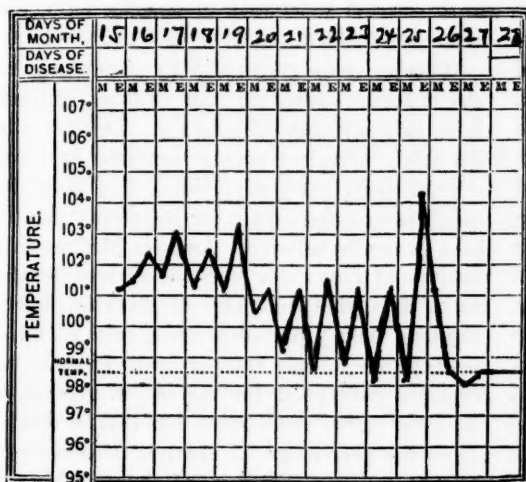
Only one case, No. 2, had a reaction that caused us any anxiety. This patient received

15 cases, it is obvious that statistics as to mortality, duration of the disease, improvement in symptoms or development of complications, would be valueless. The mortality of the 15 cases was 20 per cent., which is about double the hospital mortality. Of the expected complications of the disease there was but one—a slight hemorrhage in one case.

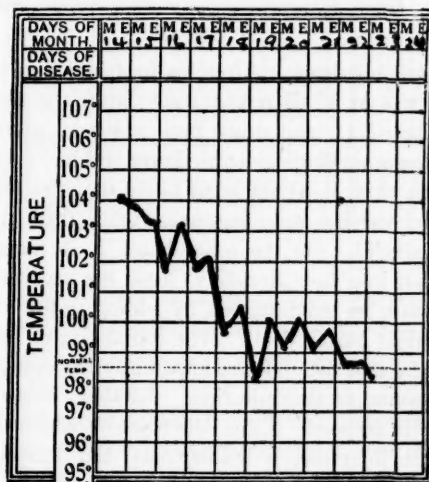
Although no statistics of value can be com-



No. 10



No. 11



No. 12

150 millions on the tenth day of the disease and following the injection had a severe chill, a rapid and feeble pulse, cyanosis and marked general prostration. She was given stimulation with caffeine and was all right within twelve hours, but for a time her condition was distinctly alarming. The vaccine had no apparent effect on the course of the disease.

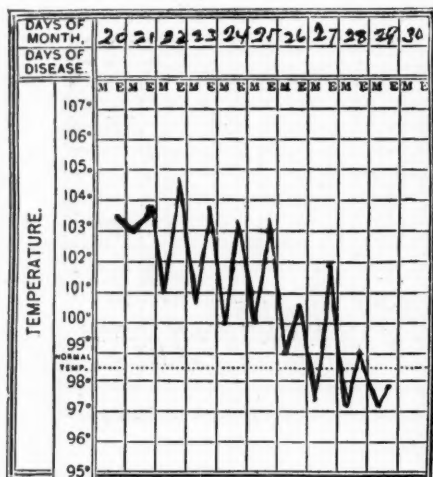
In attempting to draw conclusions from only

piled from the cases, the charts and the individual histories have features that are at least interesting, though it would not be justifiable to draw positive conclusions from them.

Cases 1 to 5 are average typhoids. While in most instances the injections produced temporary remissions, the general course of the disease was not apparently modified.

Cases 6, 7 and 8 were fatal cases; No. 7 was

complicated by double pneumonia; No. 8 ran a long and severe course; No. 6 was a very severe case dying on the fifteenth day. This No. 6 was the only case in which it might seem that the vaccine had any permanent harmful effect. He died, as will be seen from the chart, on the day following his second injection. But he was very sick on admission and delirious or semi-comatose



No. 13

until his death. After his first injection he had a rise of 1° of temperature; after the second a rise of 3°, and death occurred soon after. As he got no drop in temperature and had no apparent chill, it would seem likely that the effect of the vaccine was negative, rather than actively harmful. On the other hand, it is conceivable that in a case already so toxic the vaccine might cause no reaction, but, by adding to the toxicity, might hasten death. The initial rise of temperature and the chill are apparently the systemic response to the injection. Another evidence of this response is the leucocytosis which follows the injection, a leucocytosis that ranges from 15,000 to 40,000.

Why this additional dose of vaccine with its toxins should produce an effect different from the naturally produced toxins of the disease we do not know. It may be, as some experimenters claim, that the reaction is due merely to the introduction of a foreign protein, a view that denies the specific action of the vaccine.

The charts show a number of interesting features: Taking cases 1 to 5, while they are about as long as average cases, the temperature

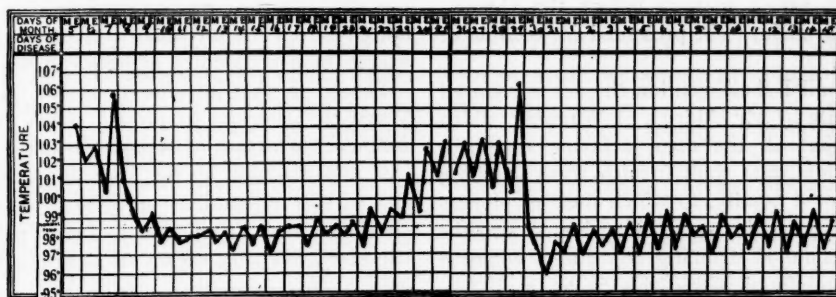
is more irregular and following the injections, there may be a drop to a lower general level. Case 1 illustrates this, and, although after the long drop the temperature afterwards went up again, it never got back to the original high level. Case 8, one of the fatal cases, illustrates the same point. Case 9 is a rather short and mild case for one which began with severe symptoms and high temperature. Case 10 was very sick during the first period, got a temporary relief from the first injection and after the second was very comfortable for the remainder of the illness. Cases 11, 12 and 13 show a course very unusual for typhoid, and 11 shows a crisis after the third dose that cannot, I think, be attributed to anything else than the vaccine. In case 15, while the defervescence was slower, it seemed to bear a direct relation to the vaccine, as the morning and evening temperature touched normal on the fourth day following injection, though the evening temperature went up again after that. Case No. 14, after the second injection, ran a slight temperature for about three and one-half weeks. This was apparently due to the lighting up of an old tubercular lesion,—as signs were found in one lung and confirmed by X-ray.

Whether cases 11, 12 and 13 would have run any different course without vaccine treatment, it is obviously impossible to say. There is a belief fairly prevalent among men who have seen a good many cases of typhoid, that short and mild cases of the disease are commoner than has been generally believed. And yet McCrae in an analysis of 1500 cases gives the average duration as 32 days, the percentage of short or abortive cases as only 3 per cent. and a critical fall of temperature in only 0.1 per cent. If these percentages hold good for typhoid in general, we have the rather remarkable fact that in these 15 cases the percentage of short or abortive cases was 20 per cent. This is, of course, within the range of mere coincidence, and yet it cannot but strengthen one's feeling that the vaccine may have been a factor in producing such results. The experience with these cases would incline me to make certain modifications of the treatment in a future series as follows: (1) Not to give the vaccine to a profoundly toxic case, even though it were seen early; (2) to give slightly larger doses, (3) to give them more frequently if the initial dose did not produce a decided and

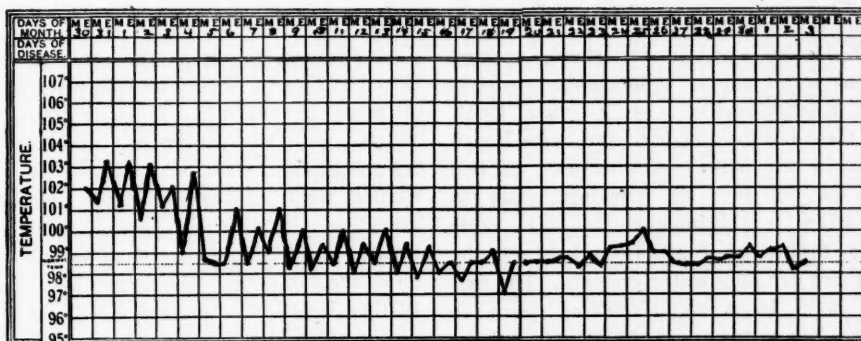
sustained drop, (4) to use a sensitized vaccine and, if possible, one deprived of its endotoxins.

It is a question, also, whether it might not be justifiable to give it late in cases where the temperature had come to normal or nearly normal in the morning, but was up in the afternoon, such a case, for example, as No. 10. At that stage, of course, we hope from day to day that the

solely from the statistics or the purely scientific data. While we should have a general distrust of mere impressions as ground for belief, it is nevertheless true that our impressions may have value. They are the result of numerous more or less intangible factors which, though apparently trivial in themselves, produce in us beliefs the exact ground for which we cannot state.



No. 14



No. 15

evening temperature is going to drop and we are inclined to adopt the policy of let well enough alone. And yet if this tedious convalescence could be appreciably shortened without danger, it would be well worth the temporary discomfort of the reaction.

In trying to estimate the value of any treatment it seems to me that one cannot reason

Such a factor in the present instance is the testimony of patients that they felt so much better after the injections—that is, after the immediate reaction had subsided.

Looking at this series of cases and comparing with it the reports of others who have used the treatment, my personal feeling is that it merits further trial.

CURRENT PUBLIC HEALTH LEGISLATION.*

By JOHN G. O'MEARA, M. D.,
Providence, R. I.

It might be well to preface my remarks with a few words about the Voters' League. As you perhaps well know, the Voters' League is an

independent, non-partisan organization devoted solely to the cause of good government. It aims to bring about, first, the sending of high-grade men to the Legislature; second, business-like conditions in the Legislature; third, efficiency and economy in all branches of State government, and fourth, to prevent all vicious legislation and graft. Its method is wide, fearless and persistent publicity. It needs the interest, con-

*Read before the Providence Medical Association, February 5, 1918

fidence and co-operation of every citizen of Rhode Island.

Last week, through the columns of the public press, the general public was informed of the work of the first four weeks of the present session of the General Assembly. The thought occurred to me that it might be beneficial to the members of this society to be informed of current public health matters before the General Assembly or about to be presented for consideration.

First of all I shall mention the act introduced in the Senate by Mr. Aldrich of Warwick, which provides that all the manufacturing establishments in this State shall furnish fresh drinking water of good quality, to which their employees shall have access during working hours, also the use of a common drinking cup and a common towel is prohibited within this State in all factories, manufacturing or business establishments. It might be well to mention here an article in the October number of the "Bulletin of the State Board of Health" of Rhode Island, entitled "Dangerous water supply connections in manufacturing establishments," by Stephen DeM. Gage, of the laboratory staff of the State Board of Health, in which he makes mention of two instances of pollution of drinking water in manufacturing establishments in this State through a failure of connections between the industrial and drinking water systems. The first occurred in a large manufacturing plant in Providence, late in 1916, and the second instance in a manufacturing establishment in the Woonasquatucket Valley during the summer of 1917. In the latter instance forty cases of typhoid fever with four deaths followed.

In this latter instance the drinking water supply for the mill, and also for an adjacent village, was derived from a large well on the mill property. The industrial water supply was taken from the river, into which is discharged the sewage from the mill and the village, at a point only a short distance above the intake for the pumps. Every precaution had been taken by the manufacturers to protect the well from pollution, and the water as drawn from the well was of undoubted purity. There were, however, two points in the mill where the well supply was cross-connected with the river supply, to permit the river water to be pumped into the village mains in case of fire and to permit either supply to be used in the lavatories and toilets.

In summarizing, Mr. Gage has this to say: "Complete sanitary supervision, supported by comprehensive public health laws, would have prevented the instances of accidental pollution of drinking water and the subsequent epidemics which have been described above. In some States all connections between drinking water systems and water supplies for industrial and fire protection purposes are either prohibited, or are permitted only when surrounded by every safeguard which the best sanitary experts can devise."

Senate 30, Act introduced by Mr. Aldrich of Warwick, designed to protect public health, as follows: "The said commission is hereby authorized and directed, by the attending physician at any of said institutions or by such other physician as it may from time to time designate, to use every available means to ascertain the existence of any dangerous, infectious or contagious disease among the inmates, prisoners, patients and pupils of said institutions, and immediately to investigate the source of such infection, and if ascertained, to report the same to the State Board of Health. Every inmate, prisoner, patient or pupil in any of said institutions, who is afflicted with any dangerous, infectious or contagious disease, shall be forthwith placed under medical treatment, and if in the opinion of the attending physician it is necessary, shall be isolated until danger of contagion has passed or until the attending physician determines that further isolation is unnecessary; and if danger of contagion shall not have passed, or if further isolation is still necessary at the expiration of sentence or at the time for discharge or release from such institution, such afflicted inmate, prisoner, patient or pupil shall be detained in such institution and continued under medical treatment until the attending physician shall determine that his discharge or release from such institution will not endanger the public health."

The following resolution was introduced by the writer today, which provides that the Governor, with the consent and advice of the Senate, shall increase the number of State factory inspectors from four to five; the additional one shall be a qualified physician. It likewise provides that an increase shall be made in the salary of the assistant factory inspectors from fifteen hundred dollars to two thousand dollars. It might be well to mention that in the neighboring State of Massachusetts there are twenty-three factory inspectors, of whom five are physicians.

Hanson, in Roseneau's book on Preventative Medicine, has this to say: "That medical men through their training and attitude make the best factory inspectors, for they alone are in a position to make the best use of facts and learn something of the sanitary conditions of premises where men and women work, to study the possible injurious effects of certain processes, to inspect devices designed to protect the employees against injury or against dangerous fumes and dust, and to judge the effects on the health of operatives of such substances as well as to detect the symptoms of certain poisons incident to such occupations, to detect and protect the employees and others from infectious diseases, to make physical examinations of minors, and to collect and make proper use of all facts and data, including morbidity and mortality statistics pertaining to occupational hygiene." The medical inspector is also able to correlate the injurious influences in the factory, in the homes, and in the habits of the individual. Dr. Hanson has had a wealth of experience in this line, having served as factory inspector in the State of Massachusetts for a number of years, and his opinion is so valuable that in corroboration with Dr. Kober of Georgetown University Medical School he has written a book on occupational diseases.

House Bill 544, introduced by Mr. Fortin of Pawtucket, really gives a legal definition of who shall practice medicine in the State of Rhode Island, and is as follows:

"It is enacted by the General Assembly as follows:

"SECTION 1. Section 8 of Chapter 193 of the General Laws, entitled 'Of the practice of medicine,' is hereby amended so as to read as follows:

"SEC. 8. The holding out of oneself to the public as being engaged within this State in the business of diagnosing or treating diseases, injuries or defects of human beings, whether by the use of drugs, surgery, manipulation, electricity or through any medium whatsoever or the suggestion, recommendation or prescribing of any form of treatment for the intended palliation, relief, or cure of any person with the intention of receiving therefore, either directly or indirectly, any fee, gift, gratuity or compensation whatsoever; or the maintenance of an office for the examination or treatment of persons afflicted with disease, injury or defect of body or mind; or the using in connection with one's name the words or letters M. D., M. B., Dr., D. O.,

Doctor, Professor or Healer or any other title, word, letter or designation intending to imply or designate or to induce others to believe that one is engaged in the treatment or diagnosis of disease, injury, infirmity or any abnormal condition; or the professing and attempting to cure diseases of the mind or body or any other abnormal condition by electric or mechanical methods or by means of the so-called systems of "Faith-Curism," "Mind-Healing," or "Laying-On-Of Hands," shall be deemed to be the practice of medicine within the provisions of this act."

"SEC. 2. Chapter 193 of the General Laws, entitled 'Of the practice of medicine,' is hereby amended by adding thereto the following sections:

"SEC. 9. Any person who, not being then lawfully authorized to engage in the practice of medicine within this State and so registered according to law, shall so engage in the practice of medicine, shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined not less than fifty dollars nor more than five hundred dollars or be imprisoned for not less than one month nor more than three months, or both such fine and imprisonment.

"SEC. 10. A physician whose certificate of qualification is not on record in the city or town in which he resides shall not be entitled to recover at law any compensation for services rendered in treating diseases for human beings.

"SEC. 11. For the purposes of this chapter the use by any person of any one of the above mentioned titles or the exposure of a sign, circular, advertisement or any other device indicating thereby that the person so using such title or exposing such device is engaged in the practice of medicine within the meaning of this act, shall be considered prima facie evidence that such person is or has been practicing medicine as aforesaid."

"SEC. 3. This act shall take effect upon its passage, and all acts and parts of acts inconsistent herewith are hereby repealed."

A resolution presented today by the writer authorizes and directs the State Board of Health to make an investigation of occupational diseases. It also authorizes the State Board of Health to co-operate with the United States Public Health Service in making a proper industrial survey.

A resolution was introduced at the last session

of the General Assembly creating a joint special committee on the laws of the State relating to public health. The committee was to report February 1st, but permission was granted last week in the General Assembly to allow the committee to extend the time one month.

In relation to this resolution, the following newspaper item appeared in the public press about two weeks ago: "While no official information has been given as yet, it is believed the new act will provide for a board of health of three members, each to receive a substantial salary, and a director of the State laboratory to have full charge of both branches of the present laboratory and to be responsible to the health board. Two of the members of the board, it is proposed, shall be physicians of recognized ability and the third a man of high business standing and experience. The salaries will be placed at \$4000."

In connection with the above, it might be well to mention here a report on State public health work based on the survey of State Boards of Health by Charles V. Chapin, M. D., Commissioner of Health, Providence, R. I., made under the direction of the council on health and public instruction of the American Medical Association. In summarizing on Rhode Island he says in part the following:

"A single strong executive officer is needed in every State. Among the improvements to be recommended is a requirement that the executive officer be a full time man, which should of course carry with it an adequate salary. In most of the towns, the local health work is quite inefficient, and one of the most important needs of the State department of health is a supervisor who shall instruct and direct the work of the local health officers and impress upon town officials its importance. Such a supervisor should be an expert epidemiologist."

He also makes mention that a modern water and sewage law is sorely needed, which will give the State department of health the same effective control, that obtains in many other States, over dangerous pollution.

The writer has consulted with the chairman of this committee as to the advisability of having a one-man commission, the same as New York, New Jersey, Pennsylvania, Connecticut, Massachusetts, and within the past three months Maine, that it preferably be a man from the United States Public Health Service. It is the

intent of this commission to abolish the additional commissions that have to do with public health administration or reduce the personnel of the nine distinct bodies of State health administration.

RESOLUTION providing for the appointment of a commission to investigate the use of habit-forming drugs and the effectiveness of the laws pertaining thereto:

RESOLVED, That a commission of three members, of whom one shall be a member of the Food and Drug Commission, another of whom shall be a physician in charge of one of the State Institutions, and another shall be the attorney general or one of his assistants, shall be appointed by the Governor to investigate the extent of the use of habit-forming drugs in this State, and the effectiveness of the laws intended to regulate and to prevent the increasing use of the same. The commission shall serve without compensation, shall have a room in the State House assigned for its use, shall give such public hearings as it may deem necessary, and may employ such assistance, clerical or otherwise, and incur such expense necessarily incidental thereto as may be approved by the Governor. The commission shall report its findings to the next session of the General Assembly, not later than February 1, 1919, with any recommendations which it may deem advisable.

The intent of this resolution is to call to the attention of the members of the General Assembly the fact that provision should be made in the not far distant future for the care, maintenance, and reclaiming by proper treatment and necessary restraint of not only the drug addicts within the confines of our State but also of the alcoholic addicts. It will not be long till public opinion will demand it. Why not anticipate this event by paving the way now?

Instead of sending this class of cases to the State Institutions at Howard, as is now the custom, it would be better by far to segregate them. Provide a separate institution for their care and treatment, as is done in other States.

Both classes are with us in considerable numbers, and surely it is worth while to make an effort to reclaim as many as possible. Since the adoption of the Federal anti-narcotic law, commonly spoken of as the Harrison law, the columns of the newspapers have apprised us of the prevalence of the drug habit.

Within recent months a Providence druggist

and a Providence physician were arrested and convicted for breaking the Harrison law. A little later a drug victim died at the State Institutions at Howard, undoubtedly from being deprived of his usual portion or daily amount, and within a month or two another Providence physician was deprived of his right to practice medicine in this State because of some infraction of the Harrison law. On Tuesday, January 22, a Providence druggist pleaded nolo before Judge Brown in United States District Court and was fined \$250, \$150 and \$50 on three indictments of selling narcotics. All of which lead up to the fact that while the operations of the Federal law and anti-narcotic laws as adopted by some of the different States has enabled a more active campaign to be waged against this evil, and has to some extent been effective in minimizing it, nevertheless we are confronted by the situation that no provision is made for the cure of drug habitues, who are liable to become a miserable and a dangerous class of derelicts in the community. The drug addicts, in common with the alcoholic addicts, deserve control, treatment and restoration to health, as much as any other group of unfortunate patients.

Two years ago the General Court of Massachusetts appointed a special commission, consisting of Dr. Frank G. Wheatley, chairman, a trustee of the Massachusetts School for Feeble-minded at Waverly; Mr. Herman Lithgoe, of the Food and Drug Division of the Massachusetts State Board of Health, and Mr. A. C. Webber, assistant district attorney. For six months this commission pursued its investigations, and on January 4, 1917, returned its report to the Legislature. In summarizing, the commission pointed out that the present drug laws are insufficient and should be strengthened as follows:

"1. They are not easily understood and are capable of misinterpretation. The words 'obviously needed for therapeutic purposes' should be further defined.

"2. Enforcement of the laws should be made more certain by the adoption of simplified pleading forms.

"3. The penalties for violations of the law are inadequate and should be increased, and new offenses defined.

"4. Places resorted to by drug addicts should be declared and treated as common nuisances, and the police authorities should be given the right to arrest without warrant in certain cases.

"5. The hypodermic syringe and needle should be kept from the addict and the sale of these instruments regulated.

"6. The boards of registration in medicine, dentistry, pharmacy and veterinary medicine should be given broader powers to cancel and revoke registrations and licenses.

"7. The State department of health should be empowered to make rules and regulations for the distribution of narcotic drugs through druggists.

"8. Private hospitals and sanatoria should be specially licensed and subject to rigid inspection.

"9. Provision should be made for institutional treatment and care of non-criminal addicts.

"10. Additional provision should be made for the collection of statistics as to the extent of the use of narcotic drugs in the commonwealth."

It is estimated that there are 60,000 drug habitues in the State of Massachusetts and between one and two million habitual narcotic drug users in the United States. The report cites the case of a physician in Boston who wrote eight hundred prescriptions for narcotic drugs at a fee of \$2 apiece. A second physician, in three months time wrote a thousand such prescriptions for drug addicts. In a third case there were found in a single Boston drug store 4055 narcotic drug prescriptions issued by one physician between May and September, 1916.

Since the return of the report quoted above the Legislature of Massachusetts has enacted an anti-narcotic drug law. Provision has been made for the care and treatment of non-criminal drug addicts and also for alcoholic addicts by the erection of a splendid group of buildings in Norfolk County on the state road between Wrentham and Walpole. In Pennsylvania a commission was appointed by the governor to select a site and erect a state hospital for the treatment of inebriates. The legislature has appropriated \$200,000 for this work. Our responsibilities are just as great as those of our neighbors to the north of us and we should be alive to them. If one were to get an expression of opinion from members of the medical, or of the legal profession, or from justices of the courts, or from the police officials of the different cities and towns within the confines of our state, as to the necessity of segregating these individuals in a separate institution, each and every one would unqualifiedly approve of some movement being made in that direction.

THE RHODE ISLAND MEDICAL JOURNAL

Owned and Published by the Rhode Island Medical Society
Issued Monthly under the direction of the Publication Committee

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Editorial Correspondence, Books for Review and Exchanges should be addressed to the Editor; Advertising Correspondence to the Business Manager.

Advertising matter must be received by the 15th of the month preceding date of issue.

Advertising rates furnished upon application, to the business manager, J. F. Hawkins, M.D., 114 Westminster Street, Providence, R. I.

SUBSCRIPTION PRICE, \$2.00 PER ANNUM. SINGLE COPIES, 25 CENTS.
Entered at Providence, R. I. Post Office as Second-class Matter.

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Meets the first Thursday in September, December, March and June

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Meets the third Thursday in each month

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	<i>Secretary</i>	Newport

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R. I. Ophthalmological and Otological Society—2d Thursday—October, December, February, April and Annual at call of President, Dr. Harlan P. Abbott, President; Dr. C. J. Astle, Secretary-Treasurer.

NOTICE

The House of Delegates having voted that the dues shall be \$10.00 for 1918, the Treasurer desires to call the members' attention to Article IV Sec. 6 of the By-Laws: "Every Fellow shall annually contribute the Annual dues and the same shall be due and payable to the Treasurer, January first of each year."

EDITORIALS

CURRENT PUBLIC HEALTH LEGISLATION.

Every physician in the state should be interested in the review of current public health legislation which appears in this issue. The bills are all important and deserve to be placed on our statute books. The proposed amendment of the law defining the practice of medicine is so significant and far-reaching that it is printed in full for the benefit of our readers. It strikes at a group of irregular practitioners who have long played upon the susceptibilities of a certain

class of the public. Many of the patients are poor and ignorant, and thereby excusable for their blinding faith in the methods of the charlatan, but a large number are of the wealthy and intelligent class, whose opportunities should lead them to seek medical advice in more reliable quarters. The medical profession of the state should unite in supporting this bill, which is a distinct advance in our efforts to protect the public against unscrupulous healers. We recommend a careful perusal of Section 10. Every physician should at once ascertain if his certificate of qualification to practice medicine is on record with the clerk of the city or town in which he resides. Otherwise his rights at law are forfeited, if this bill should become a law.

The need of more stringent laws regarding the use of narcotics has been recognized since the passage of the Harrison law has brought to our attention the enormous traffic in these drugs. The Massachusetts commission appointed to investigate this subject has arrived at some very definite conclusions regarding the abuse of narcotic drugs, and has made some very helpful recommendations for changes in existing laws. Conditions will probably be found to be no better here than in our neighboring states, and very likely worse. Rhode Island has too long enjoyed the reputation of being the Mecca of this class of human derelicts, who have found the atmosphere of nearby states uncongenial. The lack of a proper institution to care for this class of unfortunates has hindered a proper solution of our local problem.

It is encouraging that the medical profession is becoming interested in public health laws which are introduced in our legislative bodies, and in the officials who shall administer them. It is a sign of the times to find a legislator from the ranks of the medical profession who is more interested in securing the passage of effective public health legislation than in playing petty party politics.

A HEALTH COMMISSION.

A committee from the Legislature has been considering for several months the question of reorganization and consolidation of the many and varied aspects of health administration with a view of bringing them into a more closely-knit and co-ordinated fabric than now exists. If re-

port is true, this committee is in favor of a commission composed of two physicians and one business man—at a salary of \$4,000 apiece. When asked by a physician why a single commissioner, such as Pennsylvania, Massachusetts, and New York have, was not favored, one of the members with a logic quite compatible with much of the cerebration displayed in our Legislature explained that the state was “too small for that sort of thing.” Whatever other suggestions may be made on this subject, we can see nothing to be gained by displacing an unpaid Board of Health of seven men by a three-man commission which will cost the taxpayers of Rhode Island \$12,000 a year. We look with confidence for Governor Beeckman to give point to his oft-expressed disapproval of increasing the number of paid commissioners in the state by rejecting any such expensive and inefficient method of health administration.

As we have explained in these columns before, we believe the affairs of health and germane subjects should be invested in one responsible head and that he should be a trained sanitarian such as the United States Public Health Service sends out through the country in normal times. Massachusetts has such a man on a five years' lease of absence from the United States Public Health Service. In view of the needs of the Nation for all of its trained personnel for the prosecution of the war, it is doubtful whether it would be possible at this time to get a man from this branch of the National service. It should, therefore, be far better to defer any change short of this desirable arrangement than to exchange a board of voluntary membership for one half as large and enormously more expensive.

This is too serious a matter to be decided without a most searching study of all its phases and certainly the medical profession should be called upon to give to the Legislative Committee its views and feelings on the subject. It is to be hoped that a public hearing will be held by the committee before it presents its final report to the Legislature in March.

FOR THE MEN IN SERVICE.

When the Rhode Island Medical Society, at a meeting held more than six months ago, passed

a resolution by which its members bound themselves to turn over to every colleague who entered the service of the country fifty per cent. of the fees collected during his absence from such patients as considered him as their "regular" or "family" physician, the Society did itself credit only in so far as its members were sincere in their resolve to live up to the spirit of the resolution. It appears that several men, fairly busy practitioners when at home, who have been in military or naval service for six months or more, have not as yet received from their home-staying colleagues, who so generously have promised to care for their interests, even the price of a postage stamp. Possibly credits have been kept on the books of the physicians who have been attending their patients and payment will be made later on. At any rate it is not inappropriate for the Journal to remind the physicians of the state that we have laid upon ourselves the moral responsibility of living up to the spirit of our resolution if it is to be adjudged more than mere empty boast and bombast and if all of us are to avoid having our names coupled with that new and very ugly word "profiteer."

ACCIDENTS FROM LOCAL ANESTHETICS.

The attention of all readers is directed to the communication on another page of this issue regarding accidents occurring from the use of local anesthetics. For the protection of the public, these accidents should be reported. It is evident that these convenient drugs have achieved a wide popularity, and it is now apparent that they are not all safe in the doses in which we have been accustomed to use them. The suggestions advocated in this letter are a protection both to the patient and to the physician.

SOCIETIES

DISTRICT SOCIETIES.

PROVIDENCE MEDICAL ASSOCIATION.

February 5, 1918.

The regular monthly meeting of the Providence Medical Association was held at the Medi-

cal Library on Tuesday, February 5, 1918. The meeting was called to order by the President, Dr. William F. Flanagan, at 9 p. m. There were present at the meeting 33 members. On motion of Dr. C. O. Cooke, duly seconded, it was voted that the by-laws be suspended and that the meetings in February and March be held on the first Tuesday instead of the first Monday. The records of the preceding meeting were read and approved. The President announced the appointment of committees for the year 1918, as follows:

Collation Committee—Dr. George F. Johnson and Dr. Raymond G. Bugbee.

Publicity Committee—Dr. Roland Hammond, Dr. M. B. Milan and Dr. W. J. McCaw.

The records of the last meeting of the Standing Committee were read.

The first paper of the evening, entitled, "Experiences at Camp Hancock," was read informally by Dr. Jay Perkins. This paper was discussed by Dr. William R. White and Dr. John M. Peters.

The second paper, entitled, "Early Signs in Diseases of the Upper Abdomen," was read by Dr. John B. McKenna. This paper was discussed by Dr. C. O. Cooke, Dr. J. Edwards Kerney and Dr. J. H. Haberlin.

Dr. John G. O'Meara, a Representative in the Rhode Island Assembly, called attention to acts relative to the public health, which are being considered by the Assembly.

On motion of Dr. O'Meara, duly seconded, it was voted that the Secretary be instructed to communicate with Senator Henry B. Kane, Chairman of the Joint Special Committee on Revision of the Laws of the State Relative to Public Health, asking for a public hearing on the matter of a Public Health Commission.

On motion of Dr. H. W. Kimball, duly seconded, it was voted, that if the hearing be granted, the President should appoint a committee of five to represent the Association at the hearing.

On motion of Dr. William R. White, duly seconded, the meeting adjourned at 10:53 p. m. A collation was served.

CHARLES O. COOKE, *Secretary*.

KENT COUNTY DISTRICT SOCIETY.

The Kent County Medical Society held a meeting, December 13, 1917, at West Greenwich, R. I. The following officers were elected. President, Dr. H. Barton Bryer; Vice-President, Dr. Louis J. A. Legris; Secretary, Dr. James M.

Bodwell; Treasurer, Dr. Frank B. Smith; Delegate to the House of Delegates of the Rhode Island Medical Society, Dr. B. F. Tefft; Councillor, Dr. Ira Hasbrouck; Censor, Dr. Graydon B. Smith.

The regular meeting of the Kent County Medical Society was held in the Nurses' Association rooms at Riverpoint, R. I., January 10, 1918. Address by Dr. Frederick V. Hussey of Providence, R. I., on his experiences at Halifax, N. S. A case of pellagra was reported by Dr. H. Barton Bryer of Natick, R. I.

JAMES M. BODWELL, *Secretary*.

WOONSOCKET DISTRICT SOCIETY.

The regular monthly meeting of the Woonsocket District Society was held at the St. James Hotel, Woonsocket, January 17, 1918. Owing to the illness of the President, Dr. W. W. Browne, the First Vice-President, Dr. E. L. Myers, occupied the chair.

Dr. J. H. Gallison of Boston read a very interesting paper on "The Commoner Diseases of the Rectum and Anus with Diagnosis and Treatment."

It was voted to hold the next meeting February 21, 1918, at 8:30 p. m.

E. F. HAMLIN, *Secretary*.

HOSPITALS

RHODE ISLAND HOSPITAL.

The Clinic Day and Annual Banquet of the Rhode Island Hospital Club will be held February 26, 1918. Dr. Charles L. Scudder of Boston will conduct a surgical clinic at the Hospital in the morning, and Dr. William H. Smith of Boston will conduct a medical clinic at the Hospital in the afternoon. The banquet will be held at the Turks Head Club in the evening.

Dr. Harry D. Clough, who has a lieutenant's commission M. R. C., has been called for military duty at Lakewood, New Jersey.

Dr. George A. Rice, who has a lieutenant's commission, M. R. C., has been ordered to report at Garden City, New York, in the Aviation Signal Corps.

The following additional internes have received commissions in the M. R. C.:—Drs. Thomas C. Wyman, Walter W. Street, Charles L. Lynch, John T. Burns, Nat. H. Copenhaver, Henry J. Gallagher.

PROVIDENCE CITY HOSPITAL.

Dr. Joseph L. Belliotti began service February 1.

Dr. Stephen J. Dalton began service January 1.

Dr. Stephen J. Dalton and Dr. Joseph L. Belliotti have accepted commissions in the Medical Reserve Corps.

MEMORIAL HOSPITAL.

The annual meeting of the Staff Association was held January 29, 1918, in the out-patient building, the President, Dr. Frederick V. Hussey, presiding. The following officers were elected for the ensuing year: President, Dr. Arthur T. Jones; Vice-President, Dr. Roland Hammond; Secretary, Dr. John F. Kenney; Treasurer, Dr. Lamert Oulton.

Dr. Charles L. Scudder of Boston addressed the Association on the training of medical officers at the Massachusetts General Hospital, on the relation of surgical shock to fractures of the long bones and on recent ideas regarding gastric ulcer. Discussion followed by Drs. Keefe, E. B. Smith, Hussey, Matteson, Miller, DeWolf, H. A. Cooke, Burgess, Chase, Towle, Hammond, Sweet and Kingman.

ST. JOSEPH'S HOSPITAL.

Regular meeting of the Staff Association was held February 8, 1918, at 9 p. m.

Paper: "Cerebro-Spinal Meningitis," by Dr. William H. Jordan.

MISCELLANEOUS

Dr. W. W. Browne, President of the Woonsocket District Society, died January 28, 1918, at his home, after a protracted illness.

Dr. Mary E. Baldwin, Secretary of the Newport District Society, died in Brooklyn, N. Y., November 21, 1917.

Dr. N. Darrell Harvey has returned from a ten days' trip to Halifax, N. S., where he went as a consultant in cases of eye injuries at the request of the Relief Committee of the Dominion Government of Canada.

Drs. George A. Matteson and Halsey DeWolf have returned from a few days' trip to Washington.

Dr. Frederick T. Rogers is enjoying an automobile trip in Florida.

LETTER TO THE EDITOR.

REPORTING OF ACCIDENTS FROM LOCAL ANESTHETICS.

To the Editor: The Committee on Therapeutic Research of the Council on Pharmacy and Chemistry of the American Medical Association has undertaken a study of the accidents following the clinical use of local anesthetics, especially

those following ordinary therapeutic doses. It is hoped that this study may lead to a better understanding of the cause of such accidents, and consequently to methods of avoiding them, or, at least, of treating them successfully when they occur.

It is becoming apparent that several of the local anesthetics, if not all of those in general use, are prone to cause death or symptoms of severe poisoning in a small percentage of those cases in which the dose used has been hitherto considered quite safe.

The infrequent occurrence of these accidents and their production by relatively small doses point to a peculiar hypersensitiveness on the part of those in whom the accidents occur. The data necessary for a study of these accidents are at present wholly insufficient, especially since the symptoms described in most of the cases are quite different from those commonly observed in animals even after the administration of toxic, but not fatal, doses.

Such accidents are seldom reported in detail in the medical literature, partly because physicians and dentists fear that they may be held to blame should they report them, partly, perhaps, because they have failed to appreciate the importance of the matter from the standpoint of the protection of the public.

It is evident that a broader view should prevail, and that physicians should be informed regarding the conditions under which such accidents occur in order that they may be avoided. It is also evident that the best protection against such unjust accusations, and the best means of preventing such accidents consist in the publication of careful detailed records when they have occurred, with the attending circumstances. These should be reported in the medical or dental journals when possible; but when, for any reason, this seems undesirable, a confidential report may be filed with Dr. R. A. Hatcher, 414 East Twenty-sixth street, New York city, who has been appointed by the committee to collect this information.

If desired, such reports will be considered strictly confidential so far as the name of the patient and that of the medical attendant are concerned and such information will be used solely as a means of studying the problem of toxicity of this class of agents, unless permission is given to use the name.

All available facts, both public and private, should be included in these reports, but the following data are especially to be desired in those cases in which more detailed reports cannot be made:

The age, sex, and general history of the patient should be given in as great detail as possible. The state of the nervous system appears to be of especial importance. The dosage employed should be stated as accurately as possible; also the concentration of the solution em-

ployed, the site of the injection (whether intramuscular, perineural or strictly subcutaneous), and whether applied to the mouth, nose, or other part of the body. The possibility of an injection having been made into a small vein during intramuscular injection or into the gums should be considered. In such cases the action begins almost at once, that is, within a few seconds.

The previous condition of the heart and respiration should be reported if possible; and, of course, the effects of the drug on the heart and respiration, as well as the duration of the symptoms, should be recorded. If antidotes are employed, their nature and dosage should be stated, together with the character and time of appearance of the effects induced by the antidotes. It is important to state whether antidotes were administered orally, or by subcutaneous, intramuscular or intravenous injection, and the concentration in which such antidotes were used.

While such detailed information, together with any other available data, are desirable, it is not to be understood that the inability to supply such details should prevent the publication of reports of poisoning, however meager the data, so long as accuracy is observed.

The committee urges on all anesthetists, surgeons, physicians and dentists the making of such reports as a public duty; it asks that they read this appeal with especial attention of the character of observations desired.

TORALD SOLLMANN, *Chairman*,
R. A. HATCHER, *Special Referee*,
*Therapeutic Research Committee of the Council
on Pharmacy and Chemistry of the American
Medical Association.*

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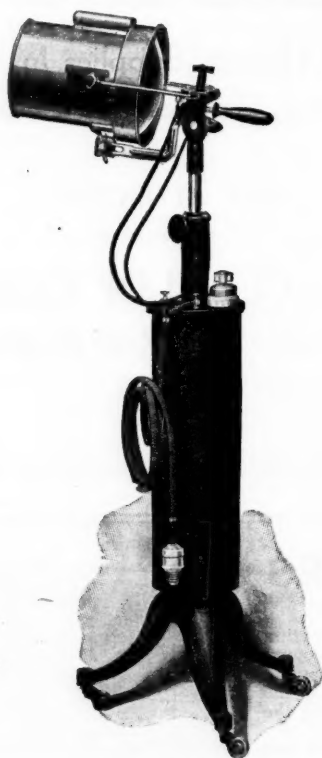
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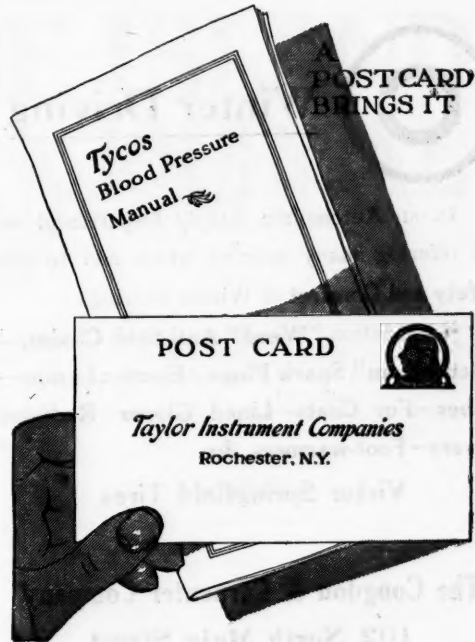
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